

## PART B - FEE(S) TRANSMITTAL

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7590

11/26/2003

DINSMORE & SHOHL  
 1900 CHEMED CENTER  
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## Certificate of Mailing or Transmission

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Laureen E. Fessenden (Depositor's name)

Laureen E. Fessenden (Signature)

February 26, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/355,664	10/08/1999	MICHAEL SUNDSTROM	10806-96	6767

TITLE OF INVENTION: MODIFIED CYTOKINE RECEPTOR PROTEIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$1330	\$300	\$1630	02/26/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHERNYSHEV, OLGA N	1646	530-350000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Pharmacia AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stockholm, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 3

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03/05/2004 MBERHE1 00000082 09355664

01 FC:1501

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